

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10685239

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4	1					
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		1				
12		1				
13	1					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	18					
TOTAL CLAIMS	19					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						